



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 1703

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|---|---------------------------------------|---|-------------------------------|------------------------------------|
| 10/596,010 | 03/13/2007 | 435 | 1638 | 09663.0068USWO | | |
| APPLICANTS Erik Andreasson, Sverige, SWEDEN; Peter Brodersen, Dyssegaard, DENMARK; Tom Jenkins, Drager, DENMARK; John Mundy, Valby, DENMARK; Nikolaj H.T. Petersen, Kobenhavn, DENMARK; Stephan P. Thorgrimsen, Kobenhavn, DENMARK; Anne Rocher, Frederiksberg, DENMARK; | | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/DK04/00822 11/26/2004 which claims benefit of 60/526,319 12/01/2003 | | | | | | |
| ** FOREIGN APPLICATIONS ***** DENMARK PA200301759 11/28/2003 | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 08/16/2007 | | | | | | |
| Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /MEDINA AHMED IBRAHIM/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY SWEDEN | SHEETS DRAWINGS 10 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 3 |
| ADDRESS MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 UNITED STATES | | | | | | |
| TITLE Plant Disease Resistance and Sar Regulator Protein | | | | | | |
| FILING FEE RECEIVED 665 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |